

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	6/12/99	2 Serial/Patent #	8/637176		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input type="checkbox"/> Filing				\$	
<input type="checkbox"/> Amendment				\$	
<input type="checkbox"/> Extension of Time				\$	
<input type="checkbox"/> Notice of Appeal/Appeal				\$	
<input type="checkbox"/> Petition				\$	
<input type="checkbox"/> Issue				\$	
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$	
<input type="checkbox"/> Maintenance				\$	
<input type="checkbox"/> Assignment				\$	
<input checked="" type="checkbox"/> Other	Code 197	7	11/25/98	\$ 110	
BOWIE D. Keefer 6961 Russell Avenue Burnaby, British Columbia, Canada V5J 4R8		7 TOTAL AMOUNT OF REFUND		\$ 110	
		8 TO BE REFUNDED BY:			
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check			
<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/> Credit Deposit A/C #:	9 <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
10 REASON: No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:		F. Bicks		TITLE: Ret. Dir.	
SIGNATURE:		F. Bicks		PHONE: 305 8680	
OFFICE:		4900			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED:		Patricia Bon		DATE: 6/17/99	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

